



4M 3731

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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/480,828 | |
| | Filing Date | Jan. 10, 2000 | |
| | Confirmation Number | 4784 | |
| | First Named Inventor | Taylor, Charles S. | |
| | Group Art Unit | 3731 | |
| | Examiner Name | Ho, Uyen T. | |
| Total Number of Pages in This Submission | 3 | Attorney Docket Number | GUID-006CON6 |
| ENCLOSURES (check all that apply) | | | |
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Revocation, Power of Attorney Change of Correspondence Address <input checked="" type="checkbox"/> Statement Under 37CFR 3.73(b) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard | RECEIVED MAR 25 2003 TECHNOLOGY CENTER R3700 |
| Remarks | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
| Firm or Individual Name | ALAN W. CANNON, Reg. No. 34,977 | | |
| Signature | | | |
| Date | March 13, 2003 | | |

| | | | |
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| CERTIFICATE OF MAILING | | | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: March 13, 2003. | | | |
| Typed or printed name | Alan W. Cannon | | |
| Signature | | Date | March 13, 2003 |

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**POWER OF ATTORNEY
BY ASSIGNEE**



| | |
|--|--------------------|
| Attorney Docket | GUID-006CON6 |
| First Named Inventor | Taylor, Charles S. |
| Application Number | 09/480,828 |
| Confirmation Number | 4784 |
| Filing Date | Jan. 10, 2000 |
| Examiner Name | Ho, Uyen T. |
| Title: Access Platform for Internal Mammary Dissection | |

Cardiothoracic Systems, Inc., the assignee by assignment in U.S. Serial No. 08/903,516, of which U.S. Serial No. 09/385,812 is a continuation of which the above-identified application is a continuation, was recorded on March 30, 1998, hereby revoke all previous powers and appoint:

| Name | Registration No. | Name | Registration No. |
|------------------|------------------|------|------------------|
| Alan W. Cannon | 34,977 | | |
| Ronald D. Devore | 39,958 | | |
| | | | |
| | | | |
| | | | |

as its attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

DIRECT ALL CORRESPONDENCE TO:

| | | | |
|------------------|---------------------------------|-----------|----------------|
| Individual Name | Alan W. Cannon, Reg. No. 34,977 | | |
| Firm Name | LAW OFFICE OF ALAN W. CANNON | | |
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SIGNATURE of Assignee of Record

In accordance with 37 CFR §3.73(b) I hereby certify that I am empowered to act on behalf of the Assignee of the above-identified patent application. The Assignment was recorded with the U.S. Patent Office on **March 30, 1998 at Reel 9084, Frame 0935.**

I declare that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code §1001 and that such willful false statements may jeopardize the validity of the above referenced application or any patent resulting from that application.

| | | | |
|------------------|--|------|----------------|
| Name and Company | Ronald D. Devore; Cardiothoracic Systems, Inc. | | |
| Title | Assistant Secretary | | |
| Signature | | Date | March 11, 2003 |

**REVOCATION OF POWER
OF ATTORNEY OR
AUTHORIZATION OF AGENT**



| | |
|----------------------|---|
| Attorney Docket | GUID-006CON6 |
| First Named Inventor | Taylor, Charles S. |
| Application Number | 09/480,828 |
| Confirmation Number | 4784 |
| Filing Date | Jan. 10, 2000 |
| Art Unit | 3731 |
| Examiner Name | Ho, Uyen T. |
| Title | Access Platform for Internal Mammary Dissection |

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

X A Power of Attorney or Authorization of Agent is submitted herewith.

AND

X Please change the correspondence address for the above-identified application to:

| | | | |
|-------------------------|------------------------------|------------------|----------------|
| Individual Name | Alan W. Cannon | | |
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| Address | 834 South Wolfe Road | | |
| City, State, Zip | Sunnyvale, California 94086 | | |
| Country | U.S.A. | | |
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I am the:

 Applicant; or
 X Assignee of record of the entire interest
(Certificate under 37 CFR 3.73(b) is enclosed.)

SIGNATURE of Applicant or Assignee of Record

| | |
|------------------|-------------------------|
| Name | Ronald D. Devore |
| Signature | <i>Ronald D. Devore</i> |
| Date | March 11, 2003 |